

Pelvic Inflammatory Disease (PID) and Verified Contact to PID Treatment

Standing Order in N.C. Board of Nursing Format

INSTRUCTIONS FOR LOCAL HEALTH DEPARTMENT STAFF ONLY

Use the approved language in this standing order to create a customized standing order exclusively for your agency.

Print the customized standing order on agency letterhead. Review standing order at least annually and obtain medical director's signature.

Standing order must include the effective start date and the expiration date.

Assessment

Subjective Findings*

Clients may present with the following history:

- lower abdominal pain
- abnormal vaginal discharge
- fever
- abnormal vaginal bleeding
- dyspareunia
- asymptomatic

*Subjective findings alone do not meet the N.C. Board of Nursing requirement for treatment by a registered nurse (RN) or STD Enhanced Role Registered Nurse (STD ERRN).

The STD ERRN or RN must assess, document and verify at least one of the three findings below before implementing treatment for an asymptomatic contact.

Verified Criteria

Recent (within 60 days) exposure or if exposure greater than 60 days before onset of index client's symptoms, partner of last sexual encounter to PID:

1. client presents with a state or county issued partner referral card, or
2. client provides name of sexual partner and public health nurse verifies diagnosis of named sexual partner by calling the medical provider of named partner (index case), or
3. medical provider or Disease Intervention Specialist (DIS) refers client

Note: A STD screening examination is recommended in all of the above scenarios.

Objective Findings

The STD ERRN cannot make a diagnosis of PID. If the STD ERRN identifies symptoms suggestive of PID, he/she should consult with a medical provider during the same clinic visit.

Minimal criteria needed to identify PID as a concern:

The STD ERRN assesses every non-pregnant client for the following concerns as part of the pelvic examination. Clients at risk for PID may have:

- cervical motion tenderness on speculum examination or bimanual, or
- uterine tenderness during bi-manual or abdominal palpation, or
- adnexal tenderness during bi-manual

Additional criteria to consider:

If one or more of the above physical findings are found on examination, the STD ERRN should continue to assess the client for the following criteria prior to consulting the medical provider as part of the same clinical visit:

- oral temperature $\geq 101^{\circ}$ F.
- abnormal cervical or vaginal mucopurulent discharge with or without cervical bleeding
- wet prep results with "white blood cells too numerous to count" (WBC-TNTC) or ≥ 10 WBC
- positive laboratory evidence of cervical infection with *N. gonorrhoeae* or *C. trachomatis* on a recent examination

*Do not wait for GC/CT test results from current visit before consulting medical provider.

- positive (+) pregnancy test (PT)

*Obtain a pregnancy test on all clients who are not on a birth control method and the start of their last menses was greater than 35 days on day of clinic visit. Pregnancy can be criteria for hospitalization if PID is suspected.

Plan of Care

Implementation

A. PID:

A registered nurse employed or contracted by the local health department may administer and dispense treatment for PID by standing order, after the medical provider records a diagnosis of PID in the medical record.

1. Ceftriaxone 250 mg IM in a single dose

PLUS

2. Doxycycline 100 mg PO BID X 14 days

PLUS

3. Metronidazole 500 mg PO BID X 14 days

B. Verified Contact to PID

A registered nurse employed or contracted by the local health may administer and dispense treatment by standing order when the presenting client is a verified contact to PID (see Subjective Findings above)

1. Ceftriaxone 250 mg IM in a single dose

PLUS

2. Doxycycline 100 mg PO BID X 14 days (**do not administer Metronidazole empirically to a contact unless examination indicates an organism requiring Metronidazole treatment, i.e. trichomonas and BV during the same visit**)

Nursing Actions

A. Review findings of the clinical evaluation with the client. Provide client-centered STD education, including verbal and written information concerning:

1. laboratory tests that he/she received
2. instructions for obtaining laboratory test results
3. information about the diagnosis
4. condoms and literature about risk reduction behavior

B. Advise the client to:

1. abstain from sexual intercourse until completion of 14-day medication regimen, all symptoms are gone and all partner(s) have been screened and completed treatment
2. disinfect diaphragm with 70% isopropyl (rubbing) alcohol, if this is client's method of birth control
3. use back-up contraceptive while on medication and for seven days after completion of medication for female clients who are taking oral contraceptives
4. abstain from douching
5. instruct the client to notify all sexual partner(s) to receive a STD examination, testing, and treatment and provide client with partner referral cards
6. notify all sexual partners to carry the partner referral card to their medical provider or local public health department
7. explain the relationship between STDs and the acquisition of HIV
8. request repeat HIV testing in the future if ongoing risk factors (i.e., persons with multiple partners should be tested every three (3) months, etc.)

C. Inform the client about the specific medication(s) administered and/or dispensed:

- Ceftriaxone, and
- Doxycycline, and
- Metronidazole (if applicable)

D. Counsel the client regarding the prescribed medication:

1. inquire and document the type of reactions the client has experienced in the past when taking the medication

2. advise client that (s)he may experience side effects such as metallic taste, nausea, vomiting, cramps, diarrhea or soreness at the injection site
3. caution female clients not to get pregnant while taking Doxycycline or Metronidazole
4. review client history regarding alcohol usage and recommend
 - delaying the start of treatment until at least 24 hours after last alcoholic beverage
 - refraining from alcohol use during treatment with Metronidazole, and
 - refraining from alcohol use for 24 hours after the last dose of Metronidazole
 - advise client that due to lower concentrations of Metronidazole in breastmilk when receiving 500mg BID the breastfeeding client **DOES NOT** have to discard breast milk while taking Metronidazole and for 24 hours after completion of Metronidazole
5. reinforce counseling by providing client with Ceftriaxone, Doxycycline, and Metronidazole medication teaching sheets

E. Additional Instructions

1. return to clinic if no improvement after 72 hours
2. return to clinic if symptoms persist, worsen, or re-appear two weeks after treatment is complete
3. return to clinic if client develops or continues to have oral temperature $\geq 101^{\circ}$ F three days after starting treatment

F. Criteria for Notifying the Medical Provider

1. consult with the medical provider if there is any question about whether to carry out any treatment or other provision of the standing order, including client reporting a drug allergy for the medication provided in the standing order
2. if client has IUD, close medical follow-up is recommended; ask the medical provider when they would like the client to return
3. acute abdominal tenderness or rebound tenderness on exam
4. adnexal tenderness on exam
5. cervical motion tenderness on exam
6. sustained cervical bleeding on exam or ANY reported vaginal spotting/bleeding by a pregnant client
7. oral temperature $\geq 101^{\circ}$ F

G. Follow-up requirements:

1. report PID in the NC Electronic Disease Surveillance System (NC EDSS) and enter all negative and positive laboratory results and treatment information
2. if client test positive for Chlamydia or Gonorrhea, report one or both in NC EDSS as separate disease events in addition to PID report
3. clients was treated for PID, with positive lab results of any pathogen, should be rescreened upon any encounter greater than 3 month to 12 months after treatment

Approved by: _____ Date approved: _____
Local Health Department Medical Director

Reviewed by: _____ Date reviewed: _____
Director of Nursing/Nursing Supervisor

Effective Date: _____
Expiration Date: _____

Legal Authority: Nurse Practice Act, N.C. General Statutes 90-171.20(7)(f)&(8)(c)